

2017-2018 Low Income Statement

Student's Name (Please Print)

Student's XULA ID Number

The income you reported on the Free Application for Federal Student Aid (FAFSA) appears to be unusually low. Please fill out the income and expenses worksheet below. If you are a dependent student, you must include your parent's information and parent(s) must sign this document. ALSO, if someone (friend or family member) helped provide support to you/your family in 2015, please have them complete and return the Student/Family Member Support Form.

2015 Expense Type	Student/Spouse Amount of 2015 Expenses Paid out of Pocket	Parent (Dependent student) Amount of 2015 Expenses Paid out of Pocket	2015 Income Type	Student/Spouse Amount of 2015 Income/Earnings	Parent (Dependent student) Amount of 2015 Income/Earnings
Rent/Mortgage			Earnings from ALL Jobs		
Utilities			Unemployment Compensation		
Car Payment/Ins.			Withdrawals from Savings		
Car Maintenance/Gas			Social Security/Disability		
Credit Card Payments			Welfare, AFDC, TANF		
Phone, Internet & Cable			Child Support Received		
Clothing			Alimony		
Food			Total Financial Aid REFUND received in 2015		
Entertainment			Cash received from family and/or friends		
Child Support/Alimony Paid			*Bills paid by someone else on your behalf		
Child Care			*Please explain any other support below. You may use this space to describe your current living situation		
Other:			Other:		
Other:			Other:		
Total 2015 Expenses			Total 2015 Income		

*List bills being paid, by whom and provide examples of support include food, shelter, clothing, non-cash gifts, etc. Be sure to list the total dollar value of support received in 2015 (*use reverse side if more space is needed*). **Please have this individual to complete the Student/Family Member Support Form.**

Certification Statement

The information contained in this request and any supporting documents submitted are true and complete to the best of my knowledge.

I understand that the Financial Aid Office may request additional documentation to verify the above information.

Signature: Student

Signature: Student's Spouse (if applicable)

Signature: Student's Parent (Mother)

Signature: Student's Parent (Father)

Xavier University ~ Office of Student Financial Aid

1 Drexel Drive ~ Box 40 ~ New Orleans, Louisiana 70125-1098

OFFICE: (504) 520-7835 FAX: (504) 520-7906

2017-2018 Student/Family Member Support Form

Student's Name (Please Print): _____

This form is to be completed by the person who is providing support to the student and/or parents/siblings of the student **during year 2015**. Please complete this form detailing your support. You may attach a separate sheet if you wish to include additional information.

I, (print your name) _____, I certify that I provide support to the above referenced student and/or the student's family.

Please list the people living **in your household in year 2015** (make sure to include yourself):

Full Name	Age	Relationship to you	Do you provide more than 50% support to this person?	If you answered YES to providing more than 50% support, list how...
				<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical Other:
				<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical Other:
				<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical Other:
				<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical Other:
				<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical Other:
				<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical Other:

- Did you give the student and/or the student's parent(s) money to pay their bills in year 2015? YES NO.
If yes, to whom student/ parent(s) and how much money did you give \$_____ (daily weekly monthly yearly).
- Did you pay bills on behalf of the student and/or the student's parent(s) in year 2015? _____. If yes, please list what bills you paid, the amount and list the individual for whom the bill was paid on behalf of...

List Bill/Company	Indicate the amount you paid	Bill paid on behalf of whom?

- Did the student/ parent(s) contribute any financial assistance toward your household in year 2015? YES NO. If yes, how much money do you give \$_____ (daily weekly monthly yearly).



I attest that the information I have provided on this form (or on an attached page) is true and accurate:

Signature: Person Providing Support to Student/Family

Date

Signature: Student

Date

Signature: Parent (of dependent student)

Date